

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND		3. FEC Identification Number <b>C</b> C90007907
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW		
(c) City, State and ZIP Code WASHINGTON DC 20036		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM 

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	7

 / 

D	D
3	0

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS .....

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

13083.29

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

07/31/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **2 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
Wil Lutz

Date

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8Mailing Address  
2321 S 2nd St

Amount

343.38

City  
ArlingtonState  
VAZip Code  
22204Purpose of Expenditure  
salaryCategory/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marilyn MusgraveCalendar Year-To-Date Per Election  
for Office Sought

372.00

Disbursement For:  
2008☒

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
David Kirk

Date

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8Mailing Address  
3017 Stevenson Place NW

Amount

1120.00

City  
WashingtonState  
DCZip Code  
20015Purpose of Expenditure  
salaryCategory/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marilyn MusgraveCalendar Year-To-Date Per Election  
for Office Sought

2240.00

Disbursement For:  
2008☒

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Ed Yoon

Date

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 8Mailing Address  
146 S Oxford Ave #1

Amount

2560.00

City  
Los AngelesState  
CAZip Code  
90004Purpose of Expenditure  
salaryCategory/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marilyn MusgraveCalendar Year-To-Date Per Election  
for Office Sought

20298.96

Disbursement For:  
2008☒

Primary

☐

General

☐ Other (specify)(a) **SUBTOTAL** of Itemized Independent Expenditures .....

4023.38

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE **3 / 4**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee

Rhey Lee

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address

2733 Andreo Ave

Amount

3840.00

City

Torrance

State

CA

Zip Code

90501

Purpose of Expenditure

salary

Category/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Marilyn Musgrave

Disbursement For:

☒

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

7846.50

Full Name (Last, First, Middle Initial) of Payee

Greg Gordon

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address

3800 East 29th St #5

Amount

1920.00

City

Bryan

State

TX

Zip Code

77802

Purpose of Expenditure

salary

Category/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Marilyn Musgrave

Disbursement For:

☒

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

4032.50

Full Name (Last, First, Middle Initial) of Payee

Liam Flynn

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address

300 East Rich St #914

Amount

1600.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

salary

Category/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04☐

President

Check One:

☐

Support

☒ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Marilyn Musgrave

Disbursement For:

☒

Primary

☐

General

☐ Other (specify)Calendar Year-To-Date Per Election  
for Office Sought

1600.00

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

7360.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee  
Barbara Swietkowski

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address  
80 Hughson Rd

Amount

1600.00

City  
CarmelState  
NYZip Code  
10512Purpose of Expenditure  
salaryCategory/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marilyn MusgraveCalendar Year-To-Date Per Election  
for Office Sought

1915.90

Disbursement For:  
2008☒

Primary

☐

General

☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee  
Target

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	8

Mailing Address  
105 Troutman Parkway

Amount

99.91

City  
Fort CollinsState  
COZip Code  
80525Purpose of Expenditure  
housing suppliesCategory/  
Type

Office Sought:

☒

House

State: CO

House

☐

Senate

District: 04

☐

President

Check One:

☐

Support

☒

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Marilyn MusgraveCalendar Year-To-Date Per Election  
for Office Sought

414.67

Disbursement For:  
2008☒

Primary

☐

General

☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures .....

1699.91

(b) SUBTOTAL of Unitemized Independent Expenditures .....

(c) TOTAL Independent Expenditures .....  
(carry total from last page forward to Line 7)

13083.29